TRADE VENDOR MASTER DATA REQUEST (YOUR E-MAIL ADDRESS HERE ______) MWR/VQ COMPANY CODE:____ MWR/VQ POC: _____POC PHONE NUMBER: ____ NEW CHANGE * DELETE BLOCK UNBLOCK AIMS ASSIGNED VENDOR NUMBER: Vendor Name Search Term (list provided in User Manual) **Vendor Remittance Address:** Check if this Street: _____ vendor is a ZipCode:_____ consignment City: _____ ticket vendor State: _____ Phone Number: Fax Number: Social Security Number: _______(1099 Vendors - individual only) TIN (Tax identification number) _______(1099 Vendors - corporations) Bank Information (unless waiver has been granted) Bank Name: _____ (ABA number) Bank Account: Bank Account: ______ Checking or Savings Vendor's Account Name: _____ Reconciliation Account: *(if a change is requested, the vendor cannot have open items against it) Payment Terms: Payment Method: **Correspondence Info:** MWR/VQ Account Number w/Vendor: MWR/VQ POC Name w/ Vendor: ______POC Internet Number: _____POC Internet Number: _____ Partner Vendor Name: Partner Vendor No#:

EMAIL THE COMPLETED FORM TO vendors@persnet.navy.mil: